HERITAGE NURSING & REHAB CENTER

1119 N WISCONSIN ST

PORT WASHINGTON 53074 Phone: (262) 284-5892		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	54	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	54	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	52	Average Daily Census:	53

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	*	Less Than 1 Year	38.5
Supp. Home Care-Personal Care	No					1 - 4 Years	32.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.8	More Than 4 Years	28.8
Day Services	No	Mental Illness (Org./Psy)	23.1	65 - 74	7.7		
Respite Care	No	Mental Illness (Other)	0.0	75 – 84	30.8		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.2	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.5	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	11.5		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	5.8	65 & Over	96.2		
Transportation	No	Cerebrovascular	7.7			RNs	4.5
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	9.7
Other Services	Yes	Respiratory	5.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	46.2	Male	21.2	Aides, & Orderlies	35.6
Mentally Ill	No			Female	78.8		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other			Private Pay	2		amily Care			anaged Care	<u>l</u>		
Level of Care	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	2	6.3	144	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.8
Skilled Care	9	100.0	323	30	93.8	123	2	100.0	133	9	100.0	177	0	0.0	0	0	0.0	0	50	96.2
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		32	100.0		2	100.0		9	100.0		0	0.0		0	0.0		52	100.0

HERITAGE NURSING & REHAB CENTER

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period					 % Needing		Total
ercent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	4.2	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		73.1	26.9	52
Other Nursing Homes	11.1	Dressing	3.8		71.2	25.0	52
Acute Care Hospitals	80.6	Transferring	11.5		76.9	11.5	52
Psych. HospMR/DD Facilities	0.0	Toilet Use	9.6		63.5	26.9	52
Rehabilitation Hospitals	0.0	Eating	48.1		50.0	1.9	52
Other Locations	4.2	********	******	*****	******	*******	*******
otal Number of Admissions	72	Continence		8	Special Treatmen	ts	8
ercent Discharges To:		Indwelling Or Extern	nal Catheter	5.8	Receiving Resp	iratory Care	7.7
Private Home/No Home Health	44.6	Occ/Freq. Incontiner	nt of Bladder	65.4	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	42.3	Receiving Suct	ioning	0.0
Other Nursing Homes	2.7				Receiving Osto	my Care	0.0
Acute Care Hospitals	6.8	Mobility			Receiving Tube	Feeding	9.6
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	21.2
Rehabilitation Hospitals	0.0						
Other Locations	12.2	Skin Care			Other Resident C	haracteristics	
Deaths	33.8	With Pressure Sores		9.6	Have Advance D	irectives	98.1
otal Number of Discharges		With Rashes		3.8	Medications		
(Including Deaths)	74				Receiving Psyc	hoactive Drugs	63.5

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Facility Peer Group		Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.1	86.4	1.14	88.2	1.11	87.3	1.12	88.8	1.11
Current Residents from In-County	90.4	85.0	1.06	88.5	1.02	85.8	1.05	77.4	1.17
Admissions from In-County, Still Residing	26.4	18.1	1.46	21.6	1.22	20.1	1.32	19.4	1.36
Admissions/Average Daily Census	135.8	199.9	0.68	187.2	0.73	173.5	0.78	146.5	0.93
Discharges/Average Daily Census	139.6	201.1	0.69	182.1	0.77	174.4	0.80	148.0	0.94
Discharges To Private Residence/Average Daily Census	62.3	83.1	0.75	76.7	0.81	70.3	0.89	66.9	0.93
Residents Receiving Skilled Care	100	95.8	1.04	96.7	1.03	95.8	1.04	89.9	1.11
Residents Aged 65 and Older	96.2	84.4	1.14	89.4	1.08	90.7	1.06	87.9	1.09
Title 19 (Medicaid) Funded Residents	61.5	61.2	1.01	48.4	1.27	56.7	1.09	66.1	0.93
Private Pay Funded Residents	17.3	13.7	1.26	31.2	0.55	23.3	0.74	20.6	0.84
Developmentally Disabled Residents	0.0	1.2	0.00	0.2	0.00	0.9	0.00	6.0	0.00
Mentally Ill Residents	23.1	30.0	0.77	34.7	0.67	32.5	0.71	33.6	0.69
General Medical Service Residents	46.2	23.2	1.99	23.5	1.96	24.0	1.92	21.1	2.19
Impaired ADL (Mean)	52.3	52.9	0.99	50.4	1.04	51.7	1.01	49.4	1.06
Psychological Problems	63.5	51.7	1.23	58.0	1.09	56.2	1.13	57.7	1.10
Nursing Care Required (Mean)	6.5	8.4	0.77	7.3	0.89	7.7	0.84	7.4	0.87